Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Apuya, Roger (ARCH)	CHAPTER 100.1
Address: 2517 Hoenui Street, Honolulu, Hawaii 96819	Inspection Date: July 9, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Current order of Acetaminophen 325mg PRN was not available for resident's use.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	Date

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§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 <u>FUTURE PLAN</u>	
FINDINGS Resident #1 – Current order of Acetaminophen 325mg PRN was not available for resident's use.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS Resident #1 – From 6/30/19 to 6/30/19, medication administration record was not initialed.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	_

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:	PART 1	
Progress notes that shall be written on a monthly basis, or	DID YOU CORRECT THE DEFICIENCY?	
more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
FINDINGS Resident #1 – Physician's notes dated 2/28/19 and 6/21/19 stated, "no further walking beyond transfers with 1 person assist or more." However, caregiver's progress notes in April 2019 stated, "encourage walking in the hallway 20/1000".		
2x/day." Clarify the exercise limitation with the physician.		

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(6) During residence, records shall include: All recordings of temperature, pulse, respiration as ordered by a physician, APRN or as may appear to be needed. Physician or APRN shall be advised of any changes in physical or mental status promptly; FINDINGS Resident #1 - No documentation that total weight loss of 19 lbs. from June 2018 to June 2019 was reported to physician.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	

$oldsymbol{L}$	npletion Date
\$11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Resident #1 – no PCG's signature in ARCH policy. Bill YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.	PART 1	
FINDINGS White correction tape was used in caregiver's physical exam form.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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Print Name:	
Date:	